

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937282 FILING DATE

APPLICANT(S) Coen

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.	←	34	←	←	←	←
TOTAL CLAIMS	38					

TOTAL IND.					
TOTAL DEP.	←	34	←	←	←
TOTAL CLAIMS	38				